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Program Director
Private Postsecondary Career Schools,
and Veterans Education Section
Adult Program Services Division
Nebraska Department of Education
301 Centennial Mall South
P.O. Box 94987
Lincoln, NE 68509-4987

IHL_____ NCD

Date Submitted____

Form may be copied.

06/22/00

**APPLICATION FOR APPROVAL OF A REMEDIAL, DEFICIENCY, OR REFRESHER COURSE
FOR VETERANS EDUCATION UNDER THE PROVISIONS OF TITLE 38, U.S. CODE**

Name of Institution

Address:City:

Zip Code

Name and Title of School Official

Telephone number:

COURSE TITLE

PROGRAM OBJECTIVE:
REMEDIAL, DEFICIENCY, OR
REFRESHER COURSECOURSE
MEASUREMENT:
CREDIT HOURS
OR CLOCK HOURSTOTAL COURSE
LENGTH

Provide the justification for offering remedial, deficiency, or refresher course:

List curricula that will form part of this program. _____

Please list or describe the specific equipment that will be needed for this program and please indicate if it is now in place at the school.

Submit **three (3)** copies of Course Description; Course Outline, and other supporting documents._____
Signature and Title of School Official